NAME! NOMBRE: Seon Jucker
SOCIAL SECURITY NUMBER/ NUMERO DE SEGURO SOCIAL: 222-50-880D
DEPARTMENTI DEPARTAMENTO: Live Haul
DATE OF HIRE/ FECHA DE CONTRATACION:/
COMPANY POLICY/ POLITICA DE LA COMPANIA:
VIOLATION/ VIOLACION: No call and (no show)
ACTION/ACCION: ORAL 1 ST /PRIMERA 2 ND /SEGUNDA FINAL
I have read this warning and understand the above violation. I understand that disregard of company policies could result in disciplinary action up to and including discharge. He leido la violación
policies could result in disciplinary action up to and including discharge. He leido la violación mencionada. Entiendo que faltar a las políticas de la compañía puede resultar en acción disciplinaria que podría indicuir el despido.
Employee's Signature/ Firma del empleado Date/ Fecha Supervisor/ Foreman Signature Date Date/ Fecha Date/ Fecha Date/ Fecha
Human Resources Manager's Signature Date

NAME! NOMBRE: Lichard Satur	DATE FECHA: 4 121 104
SOCIAL SECURITY NUMBER/ NUMERO DE SEG DEPARTMENT/ DEPARTAMENTO:	
DATE OF HIRE/ FECILA DE CONTRATACION:	
COMPANY POLICY POLITICA DE LA COMPANI ALONGONO - Mo time to fu Ster 10 P.M. VIOLATION VIOLACION: Lall to late	1: Call, if not ne some one call late
ACTION/ACCION: ORAL 15T/PRIM	ERA 2ND/ SEGUNDA FINAL
I have read this warning and understand the above violation, policies could result in disciplinary action up to and includir mencionada. Entiendo que faltar a las políticas de la compeque podría indlcuir el despido.	
Employee's Signature/ Firma del empleado Supervisor/ Foreman Signature	Date/ Fecha 4-20-04 Date
Human Resources Manager's Signaturc	Date

NAME! NOMBRE: Lean	Jucker DA	ATE/ FECHA: <u>//</u> /_/	19104
SOCIAL SECURITY NUMBER/ N	UMERO DE SEGURO	SOCIAL: <u>222-50</u>	-8800
DEPARTMENT/ DEPARTAMENT	o: Live hou	l	
DATE OF HIRE/ FECHA DE CONT	"RATACION:	103	
COMPANY POLICY/ POLITICAL Of Construction VIOLACION:	Se LA COMPANIA:	Sall Supe Stron	ruso,
ACTION/ ACCION: ORAL	1 ST / PRIMERA	2 ND / SEGUNDA	FINAL
I have read this warning and understand policies could result in disciplinary actio mencionada. Entiendo que faltar a las p que podria indlcuir el despido.	the above violation. I und n up to and including discooliticas de la compañía p	derstand that disregard of ce charge./ He leido la violació wede resultar en acción disc	ompany on ciplinaria
Employee's Signature/ Firma del emp	oleado	Date/Fecha 4-19-09 Date	<u>'</u>
Human Resources Manager's Signatu	re	Date	······································

NAME NOMBRE: Edward	Massey	EI FECHA: <u>4</u>]]	91.04
SOCIAL SECURITY NUMBER/ NU	MERO DE SEGURO S	OCIAL: <u>221-54</u>	-562
DEPARTMENT/ DEPARTAMENTO:	100	/	
DATE OF HIRE! FECHA DE CONTR	ATACION:/		·
COMPANY POLICY/ POLITICA DE	LA COMPANIA:	all super	usos
VIOLATION/ VIOLACION:	Induction 3		
ACTION/ ACCION: ORAL	1 ST / PRIMERA	2 ND / SEGUNDA	FINAL
I have read this warning and understand the policies could result in disciplinary action mencionada. Entiendo que faltar a las pol que podria indlcuir el despido.	e above violation. I under up to and including discha íticas de la compañía pue	stand that disregard of co rge./ He leido la violación de resultar en acción disc	mpany n iplinaria
			,
Employee's Signature/ Firma del emple Supervisor/ Foreman Signature		Date/Fecha 4-19-04 Date	
Human Resources Manager's Signature		Date	

NAME! NOMBRE: Leon Jucke	DATE FECHA: 1 13 1 05
SOCIAL SECURITY NUMBER/ NUMERO DE	SEGURO SOCIAL: 212 - 50 - 8800
DEPARTMENTI DEPARTAMENTO: Live	houl
DATE OF HIRE/ FECHA DE CONTRATACION:	11-103
COMPANY POLICY/ POLITICA DE LA COMP.	ANIA: Crotify Supervisor
VIOLATION VIOLACION: Sid conet that he was enet swork	notify superies
ACTION/ACCION: ORAL ISTUR	-43-04
ACTION/ACCION: ORAL 1 ST /P)	RIMERA 2 ND / SEGUNDA FINAL
I have read this warning and understand the above violat policies could result in disciplinary action up to and incl mencionada. Entiendo que faltar a las políticas de la co que podría indicuir el despido.	tion. I understand that disregard of company uding discharge./ He leido la violación unpañía puede resultar en acción disciplinaria
Employee's Signature/ Firma del empleado	
loy watters	Date/ Fecha 1 - 1/- 1/-
Supervisor/ Foreman Signature	Date Date
Human Resources Manager's Signature	Date

DATE/ FECHA: 2/	6104
NAME! NOMBRE: Dernie Johnson	
SOCIAL SECURITY NUMBER/ NUMERO DE SEGURO SOCIAL:	•
DEPARTMENT/ DEPARTAMENTO: Line hauf	
DATE OF HIRE/ FECHA DE CONTRATACION://	•
COMPANY POLICY/ POLITICA DE LA COMPANIA:	
notify supervisor if not worker	nc
VIOLATIONI VIOLACION: Said he was drivin	< <i>1</i>
Jarn, but did yout show	
ACTION/ACCION: ORAL 18T/ PRIMERA 2ND/ SEGUNDA Mone taking at this time	FINAL
I have read this warning and understand the above violation. I understand that disregard of	Company
policies could result in disciplinary action up to and including discharge. He leido la violac mencionada. Entiendo que faltar a las políticas de la compañía puede resultar en acción d que podría indlcuir el despido.	
	•
Employee's Signature/ Firma del empleado Date/ Fecha	
Supervisor/ Foreman Signature 2-9-0 Date	24
Human Resources Manager's Signature Date	